MIDB TABLE REQUEST
Reload Archived Data to MIDB

Michigan Department of Information Technology

A. REQUESTER INFORMATION

1. Employee Name *(Last, First, Initial)*	2. Employee ID
3. FACS Agency	
4. Work Address	

5. Telephone Number	6. FAX Number	7. E-mail Address

B. REQUESTED ACCESS

- The requester must fill out completely (one table per form).
- There is a retention period maximum of 2 weeks per table.
- Indexes are needed (i.e., HRS_DEPT_CD, HRS_AGENCY_CD, PAY_PERIOD_NUM).

1. Table Name
2. Index(es) needed
3. Reason for Data Reload

C. AGENCY AUTHORIZATION SIGNATURES

Requester's Signature	Date

The requester **must** obtain the Supervisor and appropriate authorization signatures for the requested MIDB table indicated in Section B.

Supervisor Signature	Date
Chief Financial Officer (CFO)	Date
Appointing Authority (AA)	Date
Personnel Director (PD)	Date

Please keep this document confidential.

DISTRIBUTION: Original to MAIN Tech. Info. Systems Mgr.

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